

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2005 8:00 am
Secretary of State

02-08-2005 90015 046 ***150.00

DOCUMENT # P01000063247

1. Entity Name
STI ENTERPRISES, INC.



Principal Place of Business
**9050 PINES BLVD., SUITE 205
PEMBROKE PINES, FL 33024**

Mailing Address
**9050 PINES BLVD., SUITE 205
PEMBROKE PINES, FL 33024**

50011955



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01062005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
65-1115648

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHECHTMAN, JENNIFER L CPA
9050 PINES BLVD., SUITE 205
PEMBROKE PINES, FL 33024**

Name
SY CHADROFF, P.A.
Street Address (P.O. Box Number is Not Acceptable)
**3000 ISLAND BOULEVARD
UNIT 401**
City **AVENTURA** FL Zip Code **33160**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **1-24-05**

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **LUDWIGSEN, CHRISTIAN**
STREET ADDRESS **9050 PINES BLVD., SUITE 205**
CITY-ST-ZIP **PEMBROKE PINES, FL 33024**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☐ Delete
NAME **LUDWIGSEN, KEITH**
STREET ADDRESS **1300 BAY ROAD**
CITY-ST-ZIP **MIAMI BEACH, FL 33139**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Keith Ludwigsen

Date **1-24-05**

Daytime Phone # **3054965811**